Authorized by MCL 421.1, et seq.

APPLICATION FOR EXTENDED BENEFITS

PLEASE WRITE YOUR INFORMATION IN THIS BOX. PLEASE USE BLACK INK. DO NOT USE PENCIL

Name:Address:State/Zip:Social Security Number:		4729 CONNER	NEFITS (EB) UNIT STREET HIGAN 48215-2092		
Additional unemployment benefits are payable under the Federal-State Extended Unemployment Compensation Program (EB) for up to 13 weeks whenever unemployment reaches high levels for an extended period of time. An Extended Benefit period triggered "on" 05-25-03. Benefits may be payable to claimants who exhaust federal Temporary Extended Junemployment Compensation (TEUC) benefits, and have a benefit year ending 5/31/03 or later. If you believe you are eligible, COMPLETE SECTIONS I & II OF THIS FORM AND RETURN TO THE ADDRESS SHOWN ABOVE. Your eligibility or benefits begins with the week your application is received. If it has been more than 52 weeks since the Benefit Year Beginning (BYB) date of your regular state Unemployment Compensation (UC) claim, then, in addition to mailing this EB application, you must file a new UC claim for benefits. Your BYB date is shown on correspondence that you have received previously from BW&UC. You can mail a new claim application (Form UC 1554M, Application for Unemployment Benefits) and this EB application to the above address. The 1554M is available at a Michigan Works! Agency (MWA) office and on our website at www.michigan.gov/bwuc OR, Instead of enclosing your new claim, you can file it on our website. Check this box if you filed your new claim on our website.					
SECTION I - MOST RECENT EMPLOYER	AND SEPARATION I	NFORMATION (DO NOT WRIT	E IN GREY AREA.)		
UC Account No. Check Digit	□ Hourly □ Salary	First Date Worked	Last Date Worked		
EMPLOYER—Business Name	Plant or Location	Reason for Separation (enter the reason number in (1) Laid Off/Lack of Work	(7) Other		
Payroll Address	Telephone	(2) Fired (8) Still Employed Full Time (3) Quit (9) ☐ Wildcat Strike (4) Retired (Voluntarily) ☐ Imprisonment (5) Retired (Involuntarily) ☐ Drugs ☐ Theft (6) Labor Dispute ☐ Assault and Battery ☐ Strike ☐ Lockout ☐ Willful Destruction Do you expect to return to work with this employer? ☐ Yes When: ☐ No ☐ I don't know			
City – State – Zip Code	Position Title				
County & State Worked In	FIPS CNTY				

REMEMBER TO READ AND SIGN THE REVERSE SIDE OF THIS APPLICATION.

• LEAVE BLANK -AGENCY USE ONLY •					
Any disqualification on regular claim satisfied without rework requirement? YES NO	EFFECTIVE W/E Date	BW&UC STAFF			





UC 1961-e (9-2003) Reverse Side

To claim benefits, Call MARVIN on your scheduled appointment day and time during the **second** week after you mail this form. **For example**, if you mail this form on Wednesday, September 17, 2003, you should call MARVIN (at your appointment time) during the week that begins Sunday, September 28, 2003 and ends Saturday, October 4, 2003. If you are unsure about your usual appointment day and time, call MARVIN between 8:00 a.m. and 7:00 p.m. on Thursday or Friday of the second week after you mail your form. You should continue to call MARVIN for any weeks that you believe you are eligible for benefits. The telephone number for MARVIN is **1-866-638-3993**.

You must be registered for work before calling MARVIN for your first week of EB. Your registration for work with Michigan's Talent Bank is valid for one year. If your registration has expired or is about to expire, report to your local Michigan Works! Agency (MWA) to re-register. The Michigan Works! Agency will notify the Bureau of Workers & Unemployment Compensation (BW&UC) that you have registered. Keep a copy of Form UC 1002, *Registering for Work with Michigan's Talent Bank*, as proof that you have registered. For Michigan Works! Agency locations, call 1-800-285-WORK.

IMPORTANT: You **MUST** document and mail to us your work search for each week that you claim Extended Benefits (EB). **Before you certify** (that is, call MARVIN), you **must mail** to BW&UC a <u>written record</u> of your current weekly job search on Form UC 1583, *Weekly Extended Benefits Record of Work Search* for the two weeks for which you are calling MARVIN. **Failure to mail Form UC 1583** <u>before</u> **you call MARVIN will render you ineligible for benefits for the period that you are certifying for**. Form UC 1583 is available on our website at www.michigan.gov/bwuc.

SECTION II YOUR CERTIFICATION

I hereby apply for Extended Benefits. I certify that I am unemployed, and not currently receiving, nor entitled to, any unemployment compensation under a state or federal law, or the law of Canada. I am aware that each time **before** I call MARVIN I **must** mail Form UC 1583, *Weekly Extended Benefits Record of Work Search,* to the address shown on that Form. I declare that I am a citizen of the United States or that I am in satisfactory immigration status. I certify that all of the information submitted by me on this form is true and correct to the best of my knowledge and belief. I understand that the law provides penalties of fine, and/or imprisonment, and/or community service for false statements to secure benefits.

Your Signature	
Your Phone Number	_
If you have any questions, please contact the EB Unit at 1-866-241-0	152 between 8:30 am and 4:30 pm